



Kids on the Move Day Camp

Pre-Registration Form

Camper's Name: _____

Birthdate: _____ Male ____ OR Female ____

School: _____ Grade(2013-2014) _____

Parent/Guardian's Name(s): _____

Mailing Address: _____

Phone: _____

Email(optional): _____

Is an adult interested in assisting at the camp with this child?

Yes ____ No ____

If **yes** Please give contact information for this person:

Name: _____

Phone: _____

Please complete this form for each child that you would like to pre-register.

Return this form to: **VCE Patrick County**

P.O. Box 408

106 Rucker St. Suite 316

Stuart, VA 24171

In response, a CAMP REGISTRATION PACKET will be mailed with required health forms. Looking forward to seeing your child at Kids on the Move!!!

Invent the Future

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